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Portland, Orego				I he Stat addi tran	Cert reby certify that the es Postal Service we ressed to the Mail smitted to the USP	tificate is Fee(s ith suf Stop FO (57	of Mailing or Transa s) Transmittal is being ficient postage for firs ISSUE FEE address I) 273-2885, on the di	mission deposited with the United t class mail in an envelope above, or being facsimile ate indicated below.	
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APPLICATION NO. FILING DATE				FIRST NAMED INVENTOR	OR ATTORNEY DOCKET N			CONFIRMATION NO.	
10/825,558 04/14/2004 TITLE OF INVENTION:		Michael Fleisher			SFV.308 8849				
SURVEILLED SUB	BJECT PRIVACY IN	MAGIN	IG						
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE DUE	E PREV. PAID ISSUE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	•	\$700	\$300	\$0	\$1000		03/19/2007	
EXAMINER			ART UNIT CLASS-SUBCLAS						
BARKER, MATTHEW M. 3			2	342-022000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563) Change of correspondence address (or Change of Correspondence Address form FTOSB/122) anached. "Fee Address" indication for "Fee Address" Indication form FTOSB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
	less an assignee is ident h in 37 CFR 3.11. Com			THE PATENT (print or typ data will appear on the p I' a substitute for filing an (B) RESIDENCE: (CITY	ntent. If an assigna			ocument has been filed for	
SafeView, Inc.				Santa Clara, Calif	ornia				
Please check the appropr	iate assignee category o	catego	ries (will not be pr	inted on the patent): 🔲	Individual 🖬 Co	rporati	on or other private gro	oup entity 🚨 Government	
4a. The following fee(s) are submitted: 2 Issue Fee 2 Issue Fee 2 Issue Fee 3 Publication Fee (No small entity discount permitted) 1 Advance Order - # of Copies				b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number11-1540 (enclose an extra copy of this form).					
a. Applicant claim	tus (from status indicate s SMALL ENTITY stat	us. See	37 CFR 1.27.	☑ b. Applicant is no lon					
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an apprication. Continentiative is governed by 5 U.S.C. 122 and 37 UFK 1.4 This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from the the SVPO. Time will vary depending upon the individual case. Any comments on the amount of time your require to complete application from the the SVPO. Time will vary depending upon the individual case. Any comments on the amount of time your require to complete Box 1450, Alexandria, Virginia 2231-4750. DO NOT SEND FIES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 2231-4750. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.